

## U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) EPA's NOI PROCESSING CENTER

5/18/2010 AMHERST OAKHAM AUTO RECYCLING Attn: GORDON B. PALLEY 358 COLDBROOK ROAD OAKHAM, MA 01068 Permit Tracking #: MAR05DB45

Dear Permittee,

This letter acknowledges that you have submitted one or more Discharge Monitoring Reports (DMR) as part of the permit requirements under EPA's 2008 Multi-Sector General Permit (MSGP). Thank you for submitting your DMR form. Unfortunately, EPA was unable to process your DMR form in the eNOI system because some information was missing. In order for EPA to process the DMR, all fields on this form must be completed. A DMR form cannot be processed in the eNOI system without the following information:

## Missing Information:

Reason for submission	□ Discharge Information	Monitoring Information
Permit Tracking Number	Outfall Information	Certification
Facility Information		

## Comments:

- INITIAL QUESTION Please provide a reason for submittal.
- QUESTION C.1 The permittee is proposing alternative monitoring periods, all alternate monitoring period dates must be filled in for all four quarters.
- QUESTION C.2 Please answer: Processing Center personnel cannot assume 'yes' and populate the data.
- SECTION F Please complete all of the MDMR Certifying Official information.

You may resubmit a revised DMR form to the NOI Processing Center. However, if any information is still missing on the DMR form, we will continue to be unable to process your DMR form. You can use EPA's electronic Notice of Intent (eNOI) system to reduce the amount of time to resubmit your DMR. You can access the eNOI system by visiting http://www.epa.gov/npdes/stormwater/enoi.

We apologize for the inconvenience and delay in contacting the permittee to request more information to process your DMR. EPA recognizes this delay is due to a processing glitch where EPA was unable to generate a formal Information Request Letter (IRL) when processing the DMR form in the eNOI system. The permittee is not responsible for this processing glitch.

If you have questions about your DMR form or questions on how to use the eNOI system and submit your DMR electronically, please call the EPA NOI Processing Center at 1-866-352-7755 (toll free) or email noi@avanticorporation.com. Thank you for your patience and cooperation. EPA requests that the permittee resubmits a new DMR form within 30 days upon receipt of this letter.

Sincerely, EPA NOI Processing Center

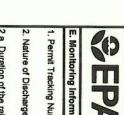
EPA NOI Processing Center Operated by Avanti Corporation 1200 Pennsylvania Ave., NW Mail Code: 4203M Washington, DC 20460



## United States Environmental Protection Agency Washington, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR

Form Approved. OMB No. 2040-0004

		MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	
Reason(s) for Sub	omission (Check all that apply)		
Reporting no on Reporting that Reporting that	t your site status has changed t your site status has changed	s).  monitoring period (Fill in Sections A, B, C.1, D, and F).  to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section to active (Fill in all Sections and include date of status change in comment field in Section E.4).  are achievable for all outffalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).	n E.4).
A. Permit Trackin	1. 1.1.1.1.		completing this Form
B. Facility Inform	nation		tomproduig and comm
1. Facility Name:	Amherst O	akham Auto Recycling	
2. Facility Location			
a. Street:	3 5 8   C 0 1 d b	rook Road	
b. City:	Oakham	c. State: MA d. Zip Code: 0 1 (	0 6 8 -
3. Additional Facil	lity Information (Optional):		
Contact Name:	Gordon B.	Palliey IIIIIIII Email: parts@amherstoakh	amauto.c
Phone:	508-882-5	2 4 1 Ext.	
4. MDMR Prepare	er (Complete if MDMR was pre	pared by someone other than the person signing the certification in Section F)	
Prepared by:	Richard La		
Organization:	RELCO Engl		
Email:	rellave@ve	i  z  o  n  .  n  e  t	
Phone:	4 13 - 5 3 8 - 5	2 7 7 Ext.	
C. Discharge Info	ormation		
1. Identify monitor	ing period:	Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alter schedule and indicate for which alternative monitoring period you are reporting monitoring data:	native monitoring
Quarter 1 (Ap	oril 1 – June 30)	☑ Quarter 1: From 0 7 / 0 1 To 0 9 / 3 0	
Quarter 2 (Ju	ıly 1 – September 30)	Quarter 2: From 10/01 To 11/2/3/	1.1 - 1
Quarter 3 (Oc	ctober 1 – December 31)	Quarter 3: From 0 / / 0 / 1 To 0 3 / 3 /	
Quarter 4 (Ja	nuary 1 - March 31)	Quarter 4: From 0 9 10 1 To 0 6 1 3 8	
2. Are you required	d to monitor for cadmium, cop	per, chromium, lead, nickel, silver, or zinc? Yes (Complete line item 2.a.)	
2a. What is the ha	rdness level of the receiving w	ater? 25 mg/L	
D. Outfall Informa	577 677 7		
1. How many outfa	all(s) are identified in your SW	PPP? 1 List name of outfall(s) required to be monitored in table below.	
2. Do any of your o	outfalls discharge substantially	identical effluents? YES NO	
2.a. If yes, for each	n monitored outfall, indicate ou	Ifall names that are substantially identical in table below.	
3.A. Monitored Out	tfall Name* 3.B. Substantia	lly Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
Outfall # 1			
*Reference attach	ment if additional space neede	d to complete the table.	



SEPA		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)	S ENVIRONMENTAL PROTE WASHINGTON, DC 20460 DISCHARGE MONITORI	NG REPO	PRT (MDMR)	Form Approve	Form Approved. OMB No. 2040-0004	7
E. Monitoring Information	on					Note: Mak	Note: Make additional copies of this form as necessary.	orm as necessary.
1. Permit Tracking Number:	er MAR05DB45	4 5						
2. Nature of Discharge:	2. Nature of Discharge: 🗹 Rainfall (Complete line items 2.a., 2.b., & 2.c.)	ems 2.a., 2.b., & 2.c.) Snowmelt	-					
2.a. Duration of the rainfall event (hours):	all event (hours):	2.b. Rainfall amount (inches):	4	2.c. Time	2.c. Time since previous measurable storm event (days):	ble storm event (days):	E	
3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
Outfall # 1	QBM	Aluminum	0.075	mg/L		9/11/09	0	
Outfall # 1	QBM	Iron	1.2	mg/L		9/11/09		
Outfall # 1	QBM	Lead	æ	mg/L	0.0050	9/11/09		
Outfall # 1	QBM	Total Suspended Solids	ď	mg/L	5.0	9/11/09		
							0	
							0	
							0	
(QBM) - Quarterly bence	hmark monitoring; (ELG) - A	* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA	onitoring; (S/T) - St	ate- or Triba	Il-specific monitoring; (I)	- Impaired waters monitoring;	O) -Other monitoring as requ	ired by EPA
4. Comment and/or Exple	nation of Any ∀iolations (Re	4. Comment and/or Explanation of Any Violations (Reference all attachments here)						
F. Certification						00.00	: Q,	/1.[.
Gordon B. Palley	OCUT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware	document and all a accordance with a s accordance waluated ered and evaluated persons who mane aring the information sellef, true, accurate	ttachments ystem desig the informa ge the syste ge the informa , the informa	were prepared ned to assure ation submitted.  am, or those ation submitted ete. I am aware			10/9/09
Typed or Printed Name/ Officer or Au	Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent	that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	submitting false information, including the or knowing violations.	ormation, in	<u> </u>	Signature of Principal Executive Officer or Authorized Agent	Officer or Authorized Agent	Date
				2	1			